

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

5968

1. PLACE OF DEATH

County Dallas Registration District No. 247
 Township Washington Primary Registration District No. 5342
 City Long Lake (No. _____) St. _____ Ward _____

File No. _____

Registered No. 2

2. FULL NAME

Mary E. Ball
 (a) Residence. No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Ball

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 30, 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 | 4 | 12 | _____

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Illinois

10. NAME OF FATHER James Logan

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Indiana

12. MAIDEN NAME OF MOTHER Handey

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) unknown

14. INFORMANT Mrs. Ball (Address) Long Lake, Mo.

15. FILED 3-10-19-29 J. J. Talbot REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 22 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 21 1929, to Feb 26 1929 (that I last saw h. or alive on Feb 22 1929, and that death occurred, on the date stated above, at 10:00 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Atherosclerosis
 (duration) yrs. mos. da. _____
 CONTRIBUTORY Arterio-sclerosis (SECONDARY) (duration) yrs. mos. da. _____

18. WHERE WAS DISEASE CONTRACTED _____ IF NOT AT PLACE OF DEATH, _____

(2) DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) J. J. Talbot, M. D.

Mar 10, 1929 (Address) Long Lake, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Liberty 2/24/29

20. UNDERTAKER ADDRESS

C. E. Routh & Son Reelfoot Missouri

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. MAR 21 1929

